

DECLARATION AND POWER OF ATTORNEY U.S.A.

ALL PATENTS, INCLUDING DESIGN
FOR APPLICATION BASED ON PCT, PARIS CONVENTION;
NON PRIORITY; OR PROVISIONAL APPLICATIONS

FOR ATTORNEYS' USE ONLY

ATTORNEYS' DOCKET NO.

P67758U80

As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed at 201 below), or an original, first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject matter which is claimed and for which patent is sought on the invention entitled:

QUANTITATIVE ANALYSIS AND TYPING OF SUBCELLULAR PARTICLES

which is described and claimed in:

☒ PCT International Application No. PCT/EP00/08468

Filed September 28, 2000

☐ the attached specification

☒ the specification in application Serial No. 10/089,233

Filed March 28, 2002

(if applicable) and amended on _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendments referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

199 48 549.0

(Number)

GERMANY

(Country)

28 September 1999

(Day/Month/Year Filed)

Priority Claimed

☒

Yes

☐

No

100 14 234.6

(Number)

GERMANY

(Country)

22 March 2000

(Day/Month/Year Filed)

☒

Yes

☐

No

(Number)

(Country)

(Day/Month/Year Filed)

☐

Yes

☐

No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Application No. _____

Filing Date _____

Application No. _____

Filing Date _____

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

(Application Serial No.)

(Filing Date)

(Status: patented, pending, abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys (Registration No.) to prosecute this application, receive and act on instructions from my agent, and transact all business in the Patent and Trademark Office connected therewith. HARVEY B. JACOBSON, JR. (20,851); JOHN CLARKE HOLMAN (22,789); MARVIN R. STERN (20,840); ALLEN S. MELSER (27,215); MICHAEL R. SLOBASKY (28,421); JONATHAN L. SCHERER (29,851); IRWIN M. AISENBERG (19,007); WILLIAM E. PLAYER (31,409); YOON S. HAM (45,307) and NATHANIEL A. HUMPHRIES (22,772)

SEND CORRESPONDENCE TO: CUSTOMER NO 00136

OR

JACOBSON HOLMAN

PROFESSIONAL LIMITED LIABILITY COMPANY

400 SEVENTH STREET, N.W.

WASHINGTON, D.C. 20004

DIRECT TELEPHONE CALLS TO:

(please use Attorney's Docket No.) (202) 638-6668

JACOBSON HOLMAN

PROFESSIONAL LIMITED LIABILITY COMPANY

*Inventor(s) name must include at least one unabbreviated first or middle name.

201	FULL NAME * OF INVENTOR	FAMILY NAME BIESCHKE	GIVEN NAME Jan	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY Munich	STATE OR FOREIGN COUNTRY GERMANY	COUNTRY OF CITIZENSHIP GERMANY
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Toemlingerstr. 12	CITY Munich	STATE OR COUNTRY GERMANY
				ZIP CODE 81375
202	FULL NAME * OF INVENTOR	FAMILY NAME GIESE	GIVEN NAME Armin	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY Munich	STATE OR FOREIGN COUNTRY GERMANY	COUNTRY OF CITIZENSHIP GERMANY
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Hermann-Hahn-Platz 7	CITY Munich	STATE OR COUNTRY GERMANY
				ZIP CODE 81477
203	FULL NAME * OF INVENTOR	FAMILY NAME EIGEN	GIVEN NAME Manfred	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY Goettingen	STATE OR FOREIGN COUNTRY GERMANY	COUNTRY OF CITIZENSHIP GERMANY
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Georg-Dehio-Weg 14	CITY Goettingen	STATE OR COUNTRY GERMANY
				ZIP CODE 37075

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201 <i>[Signature]</i>	SIGNATURE OF INVENTOR 202 <i>[Signature]</i>	SIGNATURE OF INVENTOR 203 <i>[Signature]</i>
DATE <u>12/19/02</u>	DATE <u>X</u>	DATE <u>X</u>

☒ Additional inventors are named on separately numbered sheets attached hereto.

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QUANTITATIVE ANALYSIS AND TYPING OF SUBCELLULAR PARTICLES

which is described and claimed in:

☐ the attached specification☒ PCT International Application No. PCT/EP00/09468filed September 28, 2000☒ the specification in application Serial No. 10/089,233filed March 28, 2002

(if applicable) and amended on _____

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(Filing Date) _____

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SEND CORRESPONDENCE TO: CUSTOMER NO. 00138

or

JACOBSON HOLMAN

PROFESSIONAL LIMITED LIABILITY COMPANY

400 SEVENTH STREET, N.W.

WASHINGTON, D.C. 20004

DIRECT TELEPHONE CALLS TO:

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JACOBSON HOLMAN

PROFESSIONAL LIMITED LIABILITY COMPANY

Inventor(s) name must include at least one unabbreviated first or middle name.

FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
			ZIP CODE
FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
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POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
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POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
			ZIP CODE

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SIGNATURE OF INVENTOR 201*	SIGNATURE OF INVENTOR 202*	SIGNATURE OF INVENTOR 203*
DATE	DATE	DATE

*Additional inventors are named on separately numbered sheets attached hereto.

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ATTORNEYS' DOCKET NO.

P07758US0

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Priority Claimed

199 46 349.0GERMANY28 September 1999☒☐

(Number)

(Country)

(Day/Month/Year Filed)

Yes

No

100 14 234.6GERMANY22 March 2000☒☐

(Number)

(Country)

(Day/Month/Year Filed)

Yes

No

(Number)

(Country)

(Day/Month/Year Filed)

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SEND CORRESPONDENCE TO: CUSTOMER NO. 00136

or

JACOBSON HOLMAN
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400 SEVENTH STREET, N.W.
WASHINGTON, D.C. 20004

DIRECT TELEPHONE CALLS TO:

(please use Attorney's Docket No.) (202) 638-6666

JACOBSON HOLMAN
PROFESSIONAL LIMITED LIABILITY COMPANY

Inventor(s) name must include at least one unabbreviated first or middle name.

401	FULL NAME OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
				ZIP CODE
404	FULL NAME OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
				ZIP CODE
403	FULL NAME OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
				ZIP CODE

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that each willful false statement may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201*	SIGNATURE OF INVENTOR 202*	SIGNATURE OF INVENTOR 203*
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DATE	DATE	DATE
		13. August 02.

*Additional inventors are named on separately numbered sheets attached hereto.

JACOBSON HOLMAN PLLC
ADDITIONAL INVENTORS

* Inventor(s) name must include at least one unabbreviated first or middle name.

Go to and add name
correct as changed
Hans Kretzschmar
2 Aug. 2002

204	FULL NAME * OF INVENTOR	FAMILY NAME KRETZSCHMAR	GIVEN NAME A. HANS	MIDDLE NAME A.
	RESIDENCE & CITIZENSHIP	CITY Wolfershausen	STATE OR FOREIGN COUNTRY GERMANY	COUNTRY OF CITIZENSHIP GERMANY
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Nelkenweg 5a	CITY Wolfershausen	STATE OR COUNTRY GERMANY
205	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE
206	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE
207	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE
208	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE
209	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE
210	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE
211	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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SIGNATURE OF INVENTOR 204 *	SIGNATURE OF INVENTOR 205 *	SIGNATURE OF INVENTOR 206 *
X H. Kretzschmar		
DATE 7 August 2002	DATE	DATE
SIGNATURE OF INVENTOR 207 *	SIGNATURE OF INVENTOR 208 *	SIGNATURE OF INVENTOR 209 *
DATE	DATE	DATE
SIGNATURE OF INVENTOR 210 *	SIGNATURE OF INVENTOR 211 *	
DATE	DATE	

□ Additional inventors are named on separately numbered sheets attached hereto.
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